



Remedial System Monitoring Report

Pursuant to 310 CMR 40.0400 and 40.0800

DRAFT**A. RELEASE/SITE LOCATION:**

1. Site Name/Location Aid: _____
2. Street Address: _____
3. City/Town: _____ 4. ZIP Code: _____
5. UTM Coordinates: a. UTM N: _____ b. UTM E: _____

B. THIS FORM IS BEING USED TO:

- ☐ 1. Submit an Initial Remedial System Monitoring Report for an Active Remedial System.
- ☐ 2. Submit a Follow-up Remedial System Monitoring Report for an Active Remedial System. (check one)
- ☐ a. Monthly ☐ b. Quarterly
- ☐ 3. Submit an Initial or Follow-up Annual Remedial System Monitoring Report for an Active Remedial Monitoring Program. (check one) (Sections C through I are not required.)
- ☐ a. Reactive Wall ☐ b. Natural Attenuation ☐ c. Other (Describe) _____

C. DESCRIPTION OF REMEDIAL SYSTEM:

1. MCP action under which remediation is conducted: (check one)
- ☐ a. IRA ☐ b. RAM ☐ c. Phase IV ☐ d. Phase V ☐ e. ROS
2. Date of written plan: _____
3. Check if Remedial System at the site is addressing:
- ☐ a. An Imminent Hazard ☐ b. Condition of Substantial Release Migration
4. Type of Remedial System: (check all that apply)
- ☐ a. Active Remedial System:
- ☐ NAPL Recovery ☐ Soil Vapor Extraction/Bioventing ☐ Vapor-Phase Carbon Adsorption
- ☐ Groundwater Recovery ☐ Dual/Multi-Phase Extraction ☐ Aqueous-Phase Carbon Adsorption
- ☐ Air Stripping ☐ Sparging/Biosparging ☐ Cat/Thermal Oxidation
- ☐ Other (Describe) _____
- ☐ b. Application of Remedial Additives:
- ☐ To the Subsurface ☐ To Groundwater (Injection) ☐ To the Surface
- ☐ Nitrogen ☐ Phosphorous ☐ Peroxide ☐ ORC ☐ Microorganisms ☐ Other _____
5. Mode of Operation:
- ☐ a. Continuous ☐ b. Intermittent ☐ c. Pulsed ☐ d. One-time Event Only ☐ e. Other _____
6. System Effluent/Discharge: (check all that apply)
- ☐ a. Sanitary Sewer/POTW ☐ b. Surface Water (including Storm Drains)
- ☐ c. Groundwater re-infiltration/re-injection: ☐ i. Downgradient ☐ ii. Upgradient ☐ iii. On-Site
- ☐ d. Vapor-phase discharge to ambient air: ☐ i. Off-gas Controls ☐ ii. No Off-gas Controls
- ☐ e. Drinking Water Supply ☐ f. Other (Describe) _____
- ☐ 7. Check here if additional Remedial System Monitoring Reports are being submitted for other components and/or systems at this disposal site.

D. MONITORING FREQUENCY: (indicate the number of monitoring events during this reporting period)

1. Reporting period that is the subject of this submittal: From: _____ To: _____
2. Active Remedial Systems:
- a. Remote (modem) Checks: _____ b. On-Site Inspections: _____
3. Air Effluent/Discharge:
- a. Volumetric Measurement _____ b. Testing of Effluent Quality _____
4. Liquid Effluent/Discharge:
- a. Volumetric Measurement _____ b. Testing of Effluent Quality _____
5. Remedial Additives:
- a. On-Site Monitoring _____ b. Testing of Water Quality _____

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☐ 1. NPDES ☐ a. Permit ☐ b. Exclusion Date: _____
☐ 2. MCP Performance Standard MCP Citations: _____
☐ 3. DEP Approval Letter Date: _____
☐ 4. Other (Describe) _____

☐ a. Required (Remedial Wastewater Treatment Plant in place for more than 30 days)
Name _____ Grade _____ License No. _____ Exp. Date _____

☐ b. Not Required ☐ c. Not Applicable

☐ 1. The remedial system was functional one or more days during reporting period.

a. NAPL Recovered (gals) _____ b. Avg Soil Gas Recovery Rate (scfm) _____

c. GW Recovered (gals) _____ d. Avg Sparging Rate (scfm) _____

e. GW Discharged (gals) _____ f. Days system was fully functional _____

☐ 2. Remedial additives were applied.

a. Date(s) applied: _____ b. Quantity applied (gal/lbs): _____

☐ 3. The remedial system had unscheduled shutdowns on one or more occasions during reporting period.

a. Date(s) of unscheduled system shutdown: _____

b. Reason(s) for shutdown(s): _____

☐ 4. The remedial system/option was permanently shutdown/discontinued during the reporting period.

a. Date of final system shutdown: _____

☐ b. No further effluent discharges

☐ c. No further application of Remedial Additives planned; sufficient monitoring completed to demonstrate compliance with 310 CMR 40.0046.

☐ d. Other (Describe): _____

☐ e. No further submittals will be made.

(indicate the highest concentration recorded during each monitoring event; for quarterly reports, provide data for each monthly or required monitoring event)

[illegible]

<input type="checkbox"/>	Check here if reporting additional data and/or monitoring events.
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Bureau of Waste Site Cleanup

Release Tracking Number

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☐ 1. All system checks and effluent analyses required by the approved plan were performed.

☐ 2. There were not significant problems or prolonged (>25% of reporting period) unscheduled shutdown of systems.

☐ 3. The system operated in conformance with the MCP and all applicable approval conditions and/or permits.

4. Indicate any operational problems/notes:

☐ 5. Check here if additional information/data/maps/sketches are attached to this form.

I attest....

1. LSP #:

2. First Name: _____ 3. Last Name: _____

4. Telephone: _____ 5. Ext.: _____ 6. FAX: _____

7. Signature:

8. Date: _____

9. LSP Stamp:

1. Check all that apply: ☐ a. change in contact name ☐ b. change of address ☐ c. change in person

2. Name of Organization:

3. Contact First Name: _____ 4. Last Name: _____

5. Street: _____ 6. Title: _____

7. City/Town: _____ 8. State: _____ 9. ZIP Code: _____

10. Telephone: _____ 11. Ext.: _____ 12. FAX: _____

☐ 1. RP or PRP ☐ a. Owner ☐ b. Operator ☐ c. Generator ☐ d. Transporter
☐ e. Other RP or PRP Specify: _____

☐ 2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2)

☐ 3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s.5(j))

4. Any Other Person Making Submittal. Specify relationship:



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC117

Release Tracking Number

Remedial System Monitoring Report

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____ - _____

M. CERTIFICATION OF PERSON MAKING SUBMITTAL:

1. I, _____, attest....

2. By: _____

3. Title: _____

4. For: _____

5. Date: _____

☐ 6. Check here if the address of the person providing certification is different from address recorded in Section L.

7. Street: _____

8. City/Town: _____

9. State: _____

10. ZIP Code: _____

11. Telephone: _____

12. Ext.: _____

13. FAX: _____